

ASTHMA IGNORANCE OR DESIGN?

The Buteyko method has had great success in controlling asthma, reversing symptoms and removing the need for medication, which is why it poses such a threat to the pharmaceutical companies.

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Introduction

The burden of asthma rests heavily on children and their parents, with an estimated 25 per cent of children and 10 per cent of adults being afflicted in most Western countries.¹ It is frightening for any parent to watch the hollow of the throat being sucked inwards with every breath their child takes and listen to the wheeze and cough. However, it is the elderly who struggle most with this condition and are more likely to die as a result of its strangulation.²

It comes as no surprise that, as asthma affects such a wide range of people, there is a thriving industry with puffers, pills and potions sold around the world, promising relief from this insidious condition. GlaxoSmithKline, the leaders in the field, reported in 2004 that its sales of Seretide/Advair were up 19 per cent to £2.5 billion,³ and AstraZeneca reported that its Symbicort sales totalled US\$797 million for the same year, up 32 per cent.⁴ Asthma costs every Western country a fortune, not only in money but also in misery. It is the only chronic condition where morbidity is increasing,^{5,6} though fortunately mortality has generally begun to decline.^{7,8}

Teachers of the Buteyko method say that they can help people with asthma and in many cases eliminate symptoms and the need for drugs. If we are honest, the drugs at best only reduce the severity of the symptoms because, even when medication is taken daily, these symptoms still recur and the medication does nothing to improve the outcome of the condition.⁹

"Under instruction from our doctor we were giving our son Robert more and more medication, and it seemed that the more medication we gave him the worse he got, but because we trusted our doctors we never made the connection at the time," says Russell Stark, a long-term asthmatic, teacher of the Buteyko techniques and co-author (with this writer) of *The Carbon Dioxide Syndrome*.

Robert Stark was a relatively mild asthmatic from the time he was two years old, taking a bronchodilator medication when he had a cold two or three times a year. When he was six, his GP prescribed an inhaled corticosteroid—which he took diligently for the next eight years in ever-increasing doses. The preventer did not appear to make any significant difference, however, as he still got asthma whenever he caught a cold. As he grew older, the attacks also began to occur during the night, especially in winter. He played a lot of sport, which gave him asthma as well; he was instructed to take two puffs of his bronchodilator beforehand to prevent the attacks. These practices led to Robert taking this medication nearly every day for at least four years.

In spite of his asthma, by the time Robert was ten he was winning middle-distance running races in his home state of Queensland, Australia, and when he was eleven he began to win national events. Robert had a severe attack when he was almost thirteen, which spearheaded the prescription of round-the-clock nebulisation of Ventolin (a bronchodilator) and the need for Prednisone (an oral corticosteroid) every few weeks for the next two years.

By the time Robert was fourteen, his asthma had deteriorated so much that he was not accepted into his school's sports team and sometimes could not even ride his bicycle to school. In desperation and fear of this controlling condition, his parents took him to a Buteyko course, where miraculously his asthma stopped virtually overnight. Robert took his usual nebuliser spray before he went to the first class and has hardly needed one since.

"In twelve years I have had approximately six puffs of Ventolin, and steroids only once for three days. The reduction in medication and symptoms was huge, but I had to work

hard at the Buteyko exercises for two months to make the improvement. I still play a lot of sport—rugby, running, swimming, and I mountain-bike. I seldom get asthma any more, and if I do I use Buteyko to get me through," says Robert, who currently lives in Taiwan with its ever-present smog and humidity.

Doctors might say that Robert grew out of his asthma, just like they thought he grew into it. However, his parents are convinced that it was taking bronchodilator medication every day as part of a regular regime that made his asthma worse. When he followed the education that is provided as part of the Buteyko program—to use the nebuliser only when it is actually needed as well as doing the special exercises—he rapidly improved.

The connection between daily bronchodilator usage and worsening asthma was first made in the 1960s when the world's first asthma "epidemics" occurred in England and Australia. These epidemics and the ones that followed are linked to the overuse of these types of medications.^{10,11}

What is Asthma?

An alternative name for asthma is "reversible obstructive airway disorder" (ROAD), which means that the typical symptoms of chest tightness, wheeze, cough and shortness of breath are not there all the time. These symptoms also occur with other conditions, such as bronchitis or a cold. To add to the dilemma, asthma has no standard definition; instead, diagnosis is based on the characteristics of variable airflow obstruction that happen over short periods of time.¹² All of these things make it difficult to diagnose accurately.

Typically, three things occur in an "asthma attack", which is defined for this article as the situation where the asthmatic finds it difficult to breathe and requires a short-acting bronchodilator medication to overcome the symptoms:¹³

- spasm of the bands of smooth muscle wrapped around the airways;
- swelling of the inner lining of the airways;
- production of an excessive amount of mucus in the airways.

These factors narrow the airspace in the tiny tubes, leading to increased airway resistance¹⁴ and making it especially difficult to exhale. Being unable to breathe out freely causes hyperinflation of the lungs because air is trapped inside them. This compounds the difficulty because the person wants to breathe in again before they have finished exhaling.¹⁵ As resistance in the airways increases, the person naturally breathes harder to overcome the restriction and, paradoxically, this overbreathing increases resistance, making the problem worse.¹⁶

The Cause of Asthma

It was originally thought that asthma was caused by "nerves",^{17a} and then it was thought to be primarily caused by spasm of the smooth muscle wrapping the airways.^{17b} It must have seemed logical, therefore, that taking a short-acting bronchodilator regularly would stop the spasm and lessen asthma symptoms. However, it has been known since at least 1990^{17c} that taking a short-acting bronchodilator dose regularly does *not* improve asthma management,^{17d} and it is estimated that this practice, based on faulty theory, has caused asthma to get worse in thousands of cases^{18,19} and has caused the deaths of thousands more.^{20,21}

While today there is no single thing that is considered to cause asthma to start in the first place,²² theories presumably run thick and fast in the heads of researchers because they do endless studies about this. The first divergence in regard to the cause of asthma is whether it is genetic or environmental.²³

Those who support the gene theory have not yet been able to identify successfully which gene, or how many genes, could be involved;²⁴ but this theory holds weight because the airways of an asthmatic are abnormal. There is up to seven times more smooth muscle wrapping the airways of asthmatics compared with non-asthmatics; there are five times more mast cells in their airways releasing inflammatory chemicals such as histamines; the mucus-producing cells are larger and there is a greater number of them in asthmatic airways; and the basal tissues of the airways are thicker.^{25,26,27} These distinctions make the airways "twitchy" or overreactive to things that normally cause no harm to humans.

If the cause of asthma is purely genetic, then this knowledge needs to be applied so that it can prevent the problem or at least improve patient care. There have been studies done on the size of newborn babies, for example, which seem to indicate that, if a baby is over a certain length or the head is more than 37 centimetres in circumference, there is a marginally greater chance the baby will develop asthma.²⁹ While this might be interesting in an academic way, the practical application of what you would do about the baby who has a larger head appears to be missing.

In the meantime, the environmental theorists may be able to make a difference to the outcome of the condition, but they frequently disagree not only with the geneticists but also with each other.

For example, we are told that asthma is a condition that is primarily found in Western societies, and that the more affluent the society then the more prevalent is the problem.³⁰ We are also told that washing clothes in cold water could be a primary cause of asthma.³¹ It is unlikely, however, that people living in impoverished countries with virtually no asthma are using hot water when they wash their clothes.

Other examples of these disagreements include:

- Immunisation encourages asthma.³²
- Immunisation prevents asthma.³³
- Gas stoves cause asthma.³⁴
- Gas stoves do not cause asthma.³⁵
- Not having infections causes asthma.³⁶
- Having infections, particularly as a toddler, is a causal factor.³⁷

However, there are some things that most asthma researchers *do* agree on:

1. The underlying cause of asthma is airway inflammation, and the chemicals involved in this process damage the airways, causing "remodelling". So even though the symptoms may be episodic, the airway change is permanent.³⁸
2. Bronchodilators open up narrowed airways by relaxing smooth muscle.³⁹
3. The overuse of beta-2 agonist bronchodilator medications makes asthma get worse.⁴⁰
4. The use of anti-inflammatory inhaled corticosteroids reduces airway inflammation and the need for bronchodilators. It is considered the cornerstone of good asthma management.⁴¹

It has been known since 1990 that taking a short-acting bronchodilator dose regularly does *not* improve asthma management.

Asthma Medications

Asthma treatments have not changed significantly since the 1950s. For at least 20 years, the only really new medications to make it into the asthma industry are leukotriene modifiers, which show some improvement in asthma control but less than that seen with a low dose of corticosteroid.⁴² The other "new" drugs that appear from time to time are really only variations on old ones, which is clever marketing on the part of the drug companies. For example, in the 2004 report by GlaxoSmithKline it was revealed:

"GlaxoSmithKline's respiratory franchise is driven by the growth of Seretide/Advair [combination controller-steroid], gaining patients from competitor products and the cannibalisation of [existing drugs] Serevent and Flixotide/Flovent."⁴³

In the same report, there are more than 10 "new" asthma products in "the pipeline" and almost all contain long-acting beta-2 agonists,⁴⁴ which have been used to treat asthma for several years. Long-acting beta-2 agonists are a more powerful version of short-acting bronchodilator medication, keeping smooth muscle relaxed for up to 12 hours.

However, the more medication you take, the more you need. Even taking one puff of a short-acting bronchodilator every day causes deterioration in asthma control, and more medication is required to achieve the same result because a tolerance develops to the drug.⁴⁵

Since the early 1990s, this information has led to current recommendations that these drugs should only be taken to treat acute symptoms, and that if they are required more than three times a week the person should also take an inhaled steroid in a bid to reduce the symptoms.⁴⁶

It comes as somewhat of a surprise, then, that many asthmatics are prescribed the twice-daily use of powerful, long-acting beta-2 agonist bronchodilators. The main concern with this practice is that the asthmatic is less aware of how severe the underlying airway inflammation is,⁴⁷ and one British study reveals that the risk of dying as a result of asthma is three times higher in asthmatics using long-acting Serevent than short-acting Ventolin.⁴⁸ These deaths are likely to be due to airway obstruction—the very thing that Serevent is designed to overcome.^{49,50}

"Few doctors would tell a patient with a sprained ankle to take a painkiller night and day to mask the problem in order to continue walking or running normally, because this would worsen the inflammation and cause more damage to the ankle," says Russell Stark. "Since the underlying cause of asthma is believed to be inflammation in the airways, and long-acting bronchodilators tend to cover up the symptoms, it seems possible that they could contribute to worsening airway inflammation, with further airway remodelling in the future."

Corticosteroids reduce airway inflammation and stop the

immune system from overreacting to allergens. By doing this, asthma symptoms decline as airways become less reactive, which has to be a good thing from the asthmatic's point of view.^{51,52} However, because steroids suppress natural immunity,⁵³ they can contribute to infection and the growth of fungi and bacteria, not only in the airways but also systemically.^{54,55}

"The design of the respiratory system means that the lungs are normally sterile, and the deliberate inhalation of any substance is usually considered a bad idea," Russell Stark continues. "The wisdom of inhaling something that prevents the body from defending itself against foreign bodies such as bacteria has to be questioned because chest infections are a common cause of asthma symptoms. People using steroids notice the side effects of oral thrush, husky voice, thinning skin and easy bruising, as well as hear about the higher incidence of glaucoma and cataracts, so they are more likely to stop taking this medication than their bronchodilator, which has no such noticeable side effects. Because the medications appear to create their own dependence, most people with asthma slowly increase their intake over a number of years. In spite of this, bronchodilators are dispensed as if they are harmless, and most users are unaware that overuse could worsen their condition."

Perhaps the worst part about asthma medication is that it is not very effective. The person takes it yet still has symptoms, and no medication therapy currently available significantly alters the natural progress of asthma in a positive way.^{56,57} Because of this and the perceived danger of asthma medications, many asthmatics become disillusioned with conventional treatments and seek other forms of control, including the Buteyko method.

Buteyko's Discoveries and Therapeutic Practices

Konstantin Pavlovich Buteyko (1923–2003) was a medical trainee in charge of a Moscow hospital ward when, one night in 1956, he first made the connection between hyperventilation and headache.⁵⁸ He was having a particularly bad headache when he noticed that his breathing was heavy, so he consciously reduced the volume of air that he was breathing and found that the pain eased. He deliberately increased his breathing and the headache returned. He then commenced waking the patients in his care, one after the other, getting them to alternately increase and decrease their breathing. They, too, felt worse when they breathed heavily, and better when they breathed less air each minute. Believing that his teachers would warmly welcome this discovery, he reported his findings—but, to his surprise, not one of them was remotely interested. It seems that this apathy from the medical fraternity has largely followed the path of Buteyko for the past 50 years.

EXAMPLES OF ASTHMA MEDICATIONS

- Medications that open up airways:

Short-acting bronchodilator

Airomir*
Albuterol*
Atrovent
Berotec*
Bricanyl*
Respolin*
Salbutamol*
Ventolin*

Long-acting bronchodilator

Foradil*
Nuelin
Oxis*
Serevent*
Theophylline
Volmax*

* = Beta-2 agonist

- Medications that reduce asthma symptoms:

Steroid Preventers

Becotide
Becloforte
Flixotide
Flovent
Prednisone
Pulmicort
QVAR
Respocorte

Non-Steroid Preventers

Accolate
Intal
Singulair
Tilade
Vicrom
Zyflo

- Combination Medications (combination of bronchodilator and preventer):

Flixotide + Serevent = Seretide/Advair
Pulmicort + Oxis = Symbicort

Fortunately for people with conditions such as asthma, migraine, panic attacks, snoring, sleep apnoea and allergies, Dr Buteyko remained interested in how breathing affects the health. He continued to develop not only his theory that modern life acts like a stress on the human body, causing a rise in the automatic breathing pattern and a drop in good health, but also the way to reverse this problem. He developed a series of techniques based on special principles about breathing, diet and exercise that turn the conventional thoughts of asthma upside down.

While considering airway narrowing as a legitimate and potentially dangerous concern, the Buteyko practitioner also looks on the narrowing as part of the solution to the problem. According to Buteyko theory,^{59, 60, 61} airway narrowing occurs for at least three reasons:

1. To keep irritants, bacteria and other foreign materials out of the airways. Every time foreign particles enter the airways they cause scarring, resulting in the airways losing tone and elasticity. To keep foreign matter out of the airways, or at least to keep it in one place while building a defence, the immune system creates excessive amounts of mucus, airway inflammation and smooth muscle spasm.

2. To prevent the cooling and drying of the airways that over-breathing causes.

3. To prevent the excessive loss of carbon dioxide that is caused by breathing too much air each minute.

It is the third point that is largely ignored by asthma researchers.

Hyperventilation and Asthma

Conventional asthma management recognises that hyperventilation plays a role in asthma, but primarily sees it as a result of the narrowed airways rather than as a cause.^{62, 63} It also



"This is a burned CD of downloaded websites listing online retailers of self-help DVDs that show you how to find a REAL shop where you can buy a book."

Buteyko's theory works around the premise that the asthmatic habitually breathes with more force or more rapidly than is necessary almost all the time.

recognises that acute hyperventilation can mimic asthma attacks in up to 42 per cent of asthmatics.^{64, 65} But the Buteyko theory says that hyperventilation is not only a result of narrowed airways but causes the airway narrowing in the first place, and if the person were breathing normally then it would not occur.

There are two kinds of hyperventilation: acute, and chronic or low-grade. The acute type is easily recognisable because the breathing is usually rapid, noisy or with obvious movement in the torso.

The kind of hyperventilation that Dr Buteyko recognised is the subtler, low-grade kind that he called "hidden hyperventilation".

This type of hyperventilation was first discovered during the American Civil War, when soldiers were sick but the doctor treating them (Dr Da Costa) could find nothing physically wrong with them.⁶⁶ Since then, it has had various names including "Da Costa's syndrome", "effort syndrome", "chronic hyperventilation syndrome" and even the "'fat folder' syndrome", because the patient has so many tests for various ailments that their medical file bulges.^{67, 68}

Breathing largely goes unnoticed until there is a problem with it, because

most of the time it is taken care of by the primitive part of the brain. However, it can be deliberately altered, such as during speech or when diving into water.

Hyperventilation is defined as breathing more air than is required to complete an activity; it does not necessarily mean breathing excessively quickly or deeply. A healthy adult breathes around 12 times a minute, inhaling approximately five litres of air by doing so.⁶⁹ An example of hyperventilation is breathing 20 times a minute, which could cause around eight litres of air to be breathed. When done over a week, 30,000 litres of extra air will have been breathed—enough to fill a small swimming pool.

No one notices if a person breathes every three seconds instead of every five, unless perhaps the breathing is noisy. However, your body is aware of it, because breathing like this can be almost relentless. It gradually lowers the amount of carbon dioxide found in the lungs and the bloodstream, setting off any of the following symptoms:^{70, 71}

- **Respiratory system:** Shortness of breath, chest tightness, extra-sensitive airways, excessive production of mucus, sneezing, long-term blocked or running sinuses, coughing, excessive yawning and sighing.
- **Nervous system:** Light-headedness, dizziness, unsteadiness, poor concentration, numbness, tingling and coldness especially in the hands, feet and face. In severe cases, loss of memory or loss of consciousness.
- **Heart:** Racing, pounding or skipped heartbeats.
- **Psychological:** Degrees of anxiety, depression, tension, apprehension or feeling "spaced out".
- **General:** Dry mouth, abdominal bloating, belching, flatulence, easily tired, poor sleep patterns, sweaty palms, repeated throat-clearing, itchy skin, chest pain (not heart-related), headache, general weakness and chronic exhaustion.

The symptoms are many and varied because breathing affects the entire body and people experience some symptoms more than others.

Most people with asthma attempt to eliminate their symptoms by avoiding trigger situations or by taking medication. Few would think that they are breathing too much air, because a primary symptom is shortness of breath, and anything abnormal in the breathing pattern is generally considered a result of asthma rather than a cause. There is also a Western philosophy that deep breathing is good for you. Both of these factors mean that hyperventilation is not recognised or considered, let alone addressed.

Carbon Dioxide Balance

Buteyko's theory works around the premise that the asthmatic habitually breathes with more force or more rapidly than is necessary almost all the time. This theory is supported by research where asthmatics were reported breathing 10–15 litres of air each minute when they had no symptoms, instead of the normal 4–6 litres.^{72, 73} The carbon dioxide pressure in their blood confirms this because it is commonly less than the normal 40 mm Hg until the person has severe airway obstruction, when it can rise rapidly, causing another problem.^{74, 75}

When a person breathes more air than they need to and there is not a huge problem with the gas exchange in the lungs, then carbon dioxide pressure in the lungs and blood-stream drops, causing a major problem for the body. Buteyko theory says that airway narrowing is a simple, if rather extreme, way of avoiding the loss of too much carbon dioxide.

One of the most vital roles of carbon dioxide is ensuring the release of oxygen to tissue cells. When carbon dioxide pressure is low, more oxygen is retained by haemoglobin and less is released to tissues to provide fuel for the body. This was first discovered by Danish scientist Christian Bohr approximately 100 years ago, and is called the "Bohr effect".⁷⁶

Low pressure of carbon dioxide also causes a multitude of other problems and reactions:^{77, 78, 79}

- smooth muscle throughout the body spasms;
- extra histamine is produced;
- the airways narrow;
- the heart beats faster;
- the nervous system becomes agitated;
- a condition known as respiratory alkalosis develops.

The primary stimulation for breathing is to maintain a predetermined pressure of carbon dioxide in the bloodstream, and breathing is adjusted to keep the level constant. Carbon dioxide is manufactured within the tissue cells, and when the cells are working hard they produce extra carbon dioxide. This is why during exercise the breathing pattern increases to get rid of the excess, and during sleep it slows down. However, the respiratory centre in the brain is adaptable to new pressures of carbon dioxide, and a prolonged drop in this pressure will cause the brain to accept the new and lower pressure as normal. It now stimulates the breathing pattern to maintain the new pressure. The good news is that the opposite is also true.

According to Russell Stark, by following the Buteyko program,

more carbon dioxide is gradually retained and the breathing pattern drops back towards normal. This opens up the airways and releases sufficient oxygen to tissues so that the person's asthma symptoms reduce significantly.

When overbreathing occurs, the loss of carbon dioxide is first noted in the lungs, and if the person has the asthmatic-type's lungs then the loss is notably marked. However, if the overbreathing can be stopped at this point, then the airways will readily open up again. If the person does not stop the overbreathing and the carbon dioxide pressure in the blood drops further, then the problem will be harder to solve because, as well as smooth muscle spasm, the airway inflammation and mucus production go into overdrive. More and more of the lungs become plugged with mucus and debris until gas exchange becomes severely affected.

It is well documented that, during an asthma attack, carbon dioxide pressure in the blood is low, right up until the attack becomes very severe, with lung function test results less than 20 per cent of the norm.^{80, 81} However, carbon dioxide pressure will rise rapidly once the airways are plugged, and finding carbon dioxide pressure normal or high during an asthma attack indicates that the attack is dangerous.⁸² Buteyko is not a suitable treatment at this time; instead, immediate medication attention is required.

Because this trial of Buteyko had such amazing results, it is astounding that asthma researchers have not fallen over each other to do more trials on the Buteyko method.

In fact, the opposite is true.

The Proof of Buteyko's Efficacy

According to trials of the Buteyko method that have been conducted and published so far, the technique undoubtedly reduces symptoms because a minimum reduction of 85 per cent in bronchodilator medication use and 50 per cent in steroid use has been reported.^{83, 84} Even when a video was trialled with minimal intervention by a trained practitioner, the reduction in bronchodilator use was still 60 per cent.⁸⁵

Hundreds of stories similar to Robert Stark's experience contributed to a two-year media campaign in Australia, finally resulting in the Australian Association of Asthma Foundations' funding of a Buteyko trial in Brisbane in 1994–95. Six weeks into that trial, the Buteyko participants had reduced their bronchodilator medication by 90 per cent. The research doctor, Simon Bowler, said: "We were surprised at the results, as we didn't expect any significant changes."⁸⁶

Ordinarily, an almost complete cessation in bronchodilator medication use is usually only possible with a substantial increase in steroid preventers, yet these were also reduced by 49 per cent a few weeks later.⁸⁷ The doctors had no obvious explanations for these improvements or the 71 per cent reduction in symptoms and significant improvement in quality of life, except that they might have been due to the number of phone calls that the Buteyko practitioner made to the participants.⁸⁸

Asthma costs so much in both money and suffering, and yet a vast amount of research is conducted into the problem every year. Because this trial of Buteyko had such amazing results, it is astounding that asthma researchers have not fallen over each other to do more trials on the Buteyko method. In fact, the opposite is

true, with a mere handful of trials since that time and only one that followed the same model as carried out in Brisbane. This trial was conducted in Gisborne, New Zealand, in 2000, in spite of a refusal of funding by the New Zealand Asthma and Respiratory Foundation. To find out if the asthmatics in the Brisbane group were indeed talked out of their asthma by the Buteyko practitioner, each participant in this trial was matched with a control-group participant and any contact with the teacher from either group was reciprocated with the matched person. The results of the six-month trial rebutted the psychological impact of the Buteyko method and mirrored the Brisbane results.⁸⁹

If the clinical trial results were replicated in Buteyko classes throughout the Western world, this would mean an unprecedented saving of monies currently allocated to health. For example, there would be at least a 70 per cent reduction in the A\$700 million that the Australian Government spends every year in asthma medical costs.^{89a} Governments that incorporated Buteyko into their health system could have the techniques taught by asthma educators who are already employed by the government or organisations dedicated to improving the lot of asthmatics. If Buteyko were taught first of all to school-children, within five years the incidence of asthma would be declining instead of increasing and health systems would be feeling less of a squeeze.

Why Has No Further Research Been Done Into This Apparently Harmless Method?

Since the safety of asthma medications is in serious doubt, should we be surprised that there is not more research on drug-free options of asthma control—Buteyko in particular, since it has demonstrated spectacular results?

• Lack of interest by researchers

You cannot patent breathing, and it is difficult to give someone a lasting "dose" of carbon dioxide, which means that there is little room for interest from other players in the asthma industry. It also appears that research is more about investigating a personal theory or proving that a drug is safe, rather than improving the *real* quality of life of asthmatics.

• Lack of funding for trials

Most funding of trials comes from drug companies that are aiming to prove that their products are effective and will not cause major health problems. It is unlikely that any drug company that answers to its shareholders is going to trial something that has already been shown to vastly reduce the need for its products and consequently its profitability. The private individuals teaching Buteyko lack the funding to conduct trials of the method in a major way, and consequently more trials have not been initiated.

• Lack of cohesion among Buteyko practitioners

Buteyko practitioners tend to work independently and there is no standardisation of teaching or training of new practitioners, therefore the general knowledge of Buteyko and teaching techniques can vary enormously from practitioner to practitioner.

All practitioners are essentially competing against each other for clients, which has led to some of them marketing their courses with a lot of hype and/or denigration of other practitioners. This aggressive marketing approach is not usually a part of the health system and does not inspire confidence from the community in regard to Buteyko.

• Lack of credibility with medical fraternity

Even though symptoms and medication were slashed in the Buteyko trials that have already been done, a familiar comment is that doctors are unsure that there is any real benefit from using the Buteyko method because lung function tests remained unchanged.^{90,91} Russell Stark argues that because preventive medication was halved with no deterioration in lung function, then Buteyko must have been of benefit. Lung function tests have been shown to *cause* airway narrowing and asthma symptoms,⁹² and he says that this casts doubt on their accuracy in measuring underlying inflammation.

• Professional jealousy?

Adults with asthma are never really expected to improve. In fact, asthma is supposed to worsen with age, as most deaths from asthma occur in the elderly age group. In the Buteyko trials, however, people reduce their symptoms by an average of 71 per cent and substantially improve their quality of life. Results like these are perhaps frustrating or unbelievable to doctors whose patients are getting worse—especially when most of the people teaching Buteyko do not have a medical background, according to some doctors who are supportive of Buteyko.

• Antagonism caused by the media

In his latter years, Dr Buteyko seemed fond of saying two things:

1. Conventional medicine is stupid and is looking at asthma in an upside-down fashion.⁹³
2. The only people who should teach the method are those who use it in their own life, to avoid tainting it with upside-down medical knowledge.⁹⁴

Some Buteyko practitioners and journalists have carried forward his message into the media. In many of these stories, the medical profession has appeared to be abnormally self-righteous and disbelieving, with Buteyko appearing to be like a miracle cure. When the doctor's own patient says that he is a lot better, the doctor is made to look foolish, and while this might sell newspapers it does not endear those who are mocked by the media.

All of the above mean two things:

1. For more than 10 years, the public organisations that are dedicated to helping asthmatics have been able to hide behind the same statement that the Buteyko method appears to be safe, but due to the lack of trials it cannot be supported.^{95,96,97}
2. Asthmatics still do not have easy access to a safe and effective method of reducing their symptoms and consequently their medication.

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Spreading the Word

In spite of the medical fraternity not embracing Buteyko, the technique is steadily increasing in popularity throughout the world. However, the Buteyko method has a long way to go because fewer than 20 people are teaching the techniques full-time in any Western country and there are over 300 million asthmatics worldwide.⁹⁸ Considering that so few people are teaching Buteyko, it is remarkable that anyone knows about it, let alone that a number of clinical trials have already been done. This indicates just how very useful at controlling asthma the Buteyko method is, and why it should eventually take its rightful place in the forefront of asthma treatment.

Russell Stark has the last say:

"Dr Buteyko has taken basic physiology and anatomy that have been known for 100 years and applied that knowledge to asthma. By using his techniques, people stop getting the symptoms and so they stop needing most if not all of their medication. Basically there is nothing in the Buteyko method for those currently making money from the asthma industry to support it.

"The future of Buteyko lies with asthmatics wanting better quality of life and the doctors who genuinely want to help their patients. GPs don't have a vested interest in asthma and more of them are talking positively about Buteyko because they have seen its amazingly good effects as well as the negativity associated with long-term drug-taking. When asthmatics use Buteyko, they reduce their symptoms by at least 70 per cent. This is a powerful driving force behind Buteyko, and the reason why so many people know about it when so few are teaching it."

About the Author:

Jennifer Stark and her husband Russell Stark trained as Buteyko practitioners in 1993 with Russian-trained Alexander Stalmatski and later did additional training with Buteyko founder Dr Konstantin Pavlovich Buteyko. Their son Robert had severe asthma that was unrelenting despite his following the recommended conventional medical treatments, and they turned to the Buteyko breathing techniques in desperation. Buteyko provided such a complete change of health that they decided to train as practitioners and help others.

They took the Buteyko method to New

Zealand in 1994, and have also been instrumental in propagating Buteyko in Australia, the USA, the UK, Canada, Israel and The Netherlands. They have taught more than 7,000 people with breathing problems to use the techniques and improve their own health in a natural way, and have also trained more than 60 new practitioners.

The Starks have also taught the techniques in clinical trials and studies in New Zealand, Canada and the UK. They hosted the first international Buteyko conference in New Zealand in December 2000.

Jennifer Stark is the co-author, with Russell Stark, of *The Carbon Dioxide Syndrome: Learn why changing your breathing can improve your health and wellbeing* (Buteyko Online Ltd, NZ, Australia, 2002, ISBN 0-473-09610-2; see review in NEXUS vol. 12, no. 3).

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Editor's Note:

Due to space constraints, we are unable to include the extensive endnotes accompanying this article; instead, we've posted the article plus references on our website, <http://www.nexusmagazine.com>.